



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1326618
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

5019
Fred Miller
5524

Invoice # 807410

TICKET NUMBER 51073
LOCATION 180
FOREMAN Larry Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-6-16	1155	Taque #2	13	26S	4E	BUTLER
CUSTOMER Bruce Oil Co.						
MAILING ADDRESS 1704 Limestone Rd						
CITY MP Phersaw		STATE KS	ZIP CODE 67460			
JOB TYPE Aug B		HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT 5 1/2		
CASING DEPTH		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING Full		
DISPLACEMENT		DISPLACEMENT PSI 0	MIX PSI 150	RATE 3.14		

TRUCK #	DRIVER	TRUCK #	DRIVER
760	Chris		
491	Joe		
637	Row		
866	LARRY		

REMARKS: Row 2 1/2 tubing to 600ft - McKee 73 5/8 Class A + 3%
CACK R. - Precipitation Cement to surface - 11500 tubing - Ref 9/160
5/8 casing
Row 1" on outside of 8 1/2 2 1/2 ft - Between 8 1/2 to 5 1/2 casing 11 ft

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
		MILEAGE		4.00
CE 0711	1	Bulk Delivery	660.00	660.00
CC 5800	8251	73 5/8 Class A	20.00	1460.00
CC 5325	100	1 1/2 CACK R.	1.00	100.00
WE 0853	3	80 vac	100.00	300.00
CC 6159	3360	City Water	.05	168.00
				4188.00
		Less Discount 15%		1884.60
		Subtotal		2303.40
		SALES TAX		64.16
		ESTIMATED TOTAL		2367.56

AUTHORIZATION [Signature] TITLE _____ DATE _____